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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Times Enterprise		2. DATE 9-29-10
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 50	3B. ANNUAL SUBSCRIPTION PRICE $ 17.50/20.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 114 W. 3rd St. PO Box 196 Miller SD 57362-0196.

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)

6. FULL NAME OF PUBLISHER: Michael G Cavness

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

Hand County Publishing 114 W 3rd St PO Box 196 Miller SD 57362

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	275	275
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	25	23
2. Mail Subscription (Paid and or requested)	226	200
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	251	223
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	6	6
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	257	229
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	18	26
2. Return from News Agents	15	17
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	275	275

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Michael G Cavness
(Signature)

Publisher.
(Title)

State of South Dakota)
§
County of Hand)

Sworn to before me this 30 day of Sept, 2010

Notary Public

(Seal)

My commission expires: 6-26-13

Form: SOS REC 051 7/2004